

Ohio

Department of Medicaid

OPIOID TREATMENT PROGRAMS

**EFFECTIVE FOR SERVICES PROVIDED
JANUARY 1, 2017 AND AFTER**

Release Date: January 28, 2020
Final Version: 1.3

For updates on behavioral health redesign, visit
bh.medicaid.ohio.gov.

Table of Contents

| | |
|---|----------|
| Introduction | 3 |
| SECTION 1 | 3 |
| MITS Enrollment: Adding an OTP Provider Specialty | 3 |
| National Drug Code (NDC) | 3 |
| SECTION 2 – Billing Guidance | 5 |
| OhioMHAS Licensed Opioid Treatment Programs (Methadone) | 5 |
| SAMHSA Certified Opioid Treatment Programs (Buprenorphine) | 8 |

| Billing Manual Updates | | | |
|------------------------|---|-------------------|--------------|
| Version | Description of Changes | Last Editor | Release Date |
| Version 1.0 | Final Version 1.0 | State Policy Team | 12.16.16 |
| Version 1.0.a | Added “HG” modifier to J8499 in Table 1-3 | State Policy Team | 12.23.16 |
| Version 1.0.b | Updated pricing reference for J2310 – Injectable/Nasal Naloxone Deleted “Preparation for July 1, 2017” section | State Policy Team | 6.8.17 |
| Version 1.1 | Rate updates | State Policy Team | 9.16.19 |
| Version 1.2 | Corrected hyperlink for S5000 and S5001 | State Policy Team | 9.25.19 |
| Version 1.3 | Corrected hyperlink for S5000 and S5001 | State Policy Team | 1.28.20 |

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Introduction

The Ohio Departments of Medicaid (ODM) and Mental Health and Addiction Services (OhioMHAS) has created this Opioid Treatment Program (OTP) Medicaid manual to document changes that are being made for OTP services provided on and after January 1, 2017. All other changes associated with the behavioral health redesign will be implemented January 1, 2018, at which time this manual will be incorporated into the broader Ohio Medicaid behavioral health provider manual.

SECTION 1

MITS Enrollment: Adding an OTP Provider Specialty

Providers already enrolled as a provider type 95 (community substance use disorder program) with provider specialty 950 AND either licensed by OhioMHAS as a methadone administration program (provider specialty 951) AND/OR certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an OTP (provider specialty 953) may request the addition of a provider specialty for methadone administration and/or buprenorphine based medication administration. OTPs must contact OhioMHAS via e-mail at MHAS-BHSupport@mha.ohio.gov. Please indicate in the subject line “Request to add OTP specialty” and include in the e-mail the following:

- 1) Request to add provider specialty for methadone administration and/or buprenorphine based medication administration.

NOTE: Existing methadone administration programs that are enrolled in the Ohio Medicaid program must follow this process to add the buprenorphine based medication administration provider specialty to bill this service coding.

- 2) Attach the appropriate certification: OhioMHAS methadone license and/or SAMHSA OTP certificate.
- 3) Contact name, phone number and agency billing provider id for any follow-up.

National Drug Code (NDC)

With the exception of hospital claims, federal law requires that any code for a drug covered by Medicaid must be submitted with the 11-digit NDC assigned to each drug package. The NDC specifically identifies the manufacturer, product and package size. Each NDC is an 11-digit number, sometimes including dashes in the format 55555-4444-22. When submitting claims to Medicaid, providers should submit each NDC using the 11-digit NDC **without** dashes or spaces. The NDC included on the claim must be the exact NDC that is on the package used by the provider.

Some drug packages include a 10-digit NDC. In this case, the provider should convert the 10 digits to 11 digits when reporting this on the claim. When converting a 10-digit NDC to an 11-digit NDC, a leading zero should be added to only one segment:

- If the first segment contains only four digits, add a leading zero to the segment;
- If the second segment contains only three digits, add a leading zero to the segment;
- If the third segment contains only one digit, add a leading zero to the segment.

All claims reporting NDC information must be submitted either as an Electronic Data Interchange (EDI) transaction or through the MITS Web Portal. The NDC will be required at the detail level when a claim is submitted with a code that represents a drug (e.g., J-codes and S-codes).

The following table contains abbreviations for professional practitioners referenced in this manual:

| Practitioner Abbreviation Key | |
|--------------------------------------|------------------------------|
| MD/DO | Physician |
| CNS | Clinical nurse specialist |
| CNP | Certified nurse practitioner |
| PA | Physician assistant |
| RN | Registered nurse |
| LPN | Licensed practical nurse |

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SECTION 2 – Billing Guidance

The following medication code will continue to be available for all substance use disorder (SUD) treatment providers (Medicaid provider type 95 with provider specialty 950). It is listed here as OTPs will have a dual use for it. Under their general SUD program (95/950) it is used for induction/titration in accordance with current Ohio Medicaid policy

| Table 1-1 SUD Treatment Programs | | | | |
|----------------------------------|----------------------------|-------|----------|--------|
| Provider Type 95/950 | | | | |
| Service | Medication | Code | Modifier | Rate |
| Medication | Buprenorphine, oral, 1 mg. | J8499 | - | \$0.55 |
| Unit Value | HCPCS designation | | | |

As an OTP (95/951 or 95/953), J8499 will be used for oral naltrexone (see following OTP sections for additional details).

OhioMHAS Licensed Opioid Treatment Programs (Methadone)

The following section applies to services delivered on or after January 1, 2017 by a substance use disorder Medicaid provider type 95 with provider specialty 951:

1. Ohio Medicaid recognizes and enrolls OTPs that are licensed by OhioMHAS under Ohio Administrative Code 5122-29-35. These OhioMHAS licensed programs are authorized to administer methadone.
2. OTPs must bill for the administration of methadone using H0020 with the HF modifier for a daily administration **or** H0020 with the appropriate modifier for take home doses administered.
 - a. If patient is seen every day in order to receive methadone, modifier HF must be used with H0020.
 - b. OTPs will bill H0020 with a modifier representing 1, 2, 3 or 4 weeks of take home medication for patients who have met the requirements of 42 CFR § 8.12(h)(4)(i). The OTP must maintain documentation in the patient record that supports the amount of take home doses administered.
 - c. If any weekly administration modifier has been billed, the OTP cannot bill for any other face-to-face visits of H0020 during that time period.
 - d. Date of service on the claim for H0020 must be the date the patient was seen in the office by the OTP in order to receive their medication.
3. OTPs may bill 99211 for the nasal administration of naloxone (J2310). This coding combination is only used when the naloxone is administered nasally on site.
4. OTPs may bill 96372 for the injectable administration of naloxone (J2310). This coding combination is only used when the naloxone is administered by injection on site.

5. OTPs may bill for the cost of injectable/nasal naloxone (J2310) under their Ohio Board of Pharmacy license and in conformance with the Ohio Board of Pharmacy requirements.
6. OTPs may bill for the cost of injectable/nasal naloxone (J2310) when provided in accordance with Ohio Revised Code 4731.941.
7. OTPs may bill for the cost of oral naltrexone (J8499) under their Ohio Board of Pharmacy license.
8. OTPs may bill for the collection of blood using venipuncture (36415), per draw when the sample is sent to an outside laboratory for testing.
9. All of the OTP services must be performed by one of the following medical professionals within their scope of practice: physician, physician assistant, clinical nurse specialist, certified nurse practitioner, licensed practical nurse, or a registered nurse.

Please reference Table 1-2 on the following page for additional information on service coding, rates and modifiers.

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| Table 1-2 Opioid Treatment Programs | | | | | |
|---|---|---------------------------------|-------|----------|---|
| Provider Type 95/951 – State Licensed Methadone Program | | | | | |
| Service | Description | Provider Type | Code | Modifier | Rate |
| Methadone Administration | Daily | MD/DO, CNS, NP, PA, RN, LPN | H0020 | HF | \$16.38 |
| | Weekly (2 – 7 days) | | | TV | \$114.66 |
| | Two Weeks (8 – 14 days) | | | UB | \$229.32 |
| | Three Weeks (15 – 21 days) | | | TS | \$343.98 |
| | Four Weeks (22 – 28 days) | | | HG | \$458.64 |
| Other Medication Administration | E&M Established Patient (for OTP use with Nasal Narcan Administration) | MD/DO, CNS, CNP, PA, RN, LPN | 99211 | - | \$22.31 |
| | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | MD/DO, CNS, CNP, PA, RN, LPN | 96372 | - | \$21.39 |
| Medications | Oral Naltrexone, per 50 mg tablet | - | J8499 | HG | \$1.20 |
| | Injection/Nasal, naloxone (Narcan), 1mg | - | J2310 | - | See Medicaid fee schedule in effect for date of service |
| Laboratory Services | Collection of venous blood by venipuncture | Per CPT guidelines ¹ | 36415 | - | See Medicaid fee schedule in effect for date of service |
| Unit Value | CPT or HCPCS designation | | | | |

¹ Medicaid will not reimburse for the collection of venous blood when providers performs testing in their facilities. Nor will Medicaid pay when it is part of an E&M visit. Medicaid will only reimburse separately for the collection of venous blood when a provider draws the blood and sends it to a non-related outside facility without performing any testing.

SAMHSA Certified Opioid Treatment Programs (Buprenorphine)

The following section applies to services delivered on or after January 1, 2017 by a substance use disorder Medicaid provider type 95 with provider specialty 953:

1. Ohio Medicaid recognizes and enrolls OTPs that are certified the by the Substance Abuse and Mental Health Services Administration (SAMHSA) under 42 CFR §8.11(21 U.S.C. 823(g)(1)). These SAMHSA certified programs are authorized to provide medication assisted treatment by administering buprenorphine based medications.
2. OTPs must bill for the administration of buprenorphine based medications using T1502 with the HF modifier for a daily administration **or** T1502 with the appropriate modifier for take home doses.
 - a. If patient is seen every day in order to receive a buprenorphine based medication, modifier HF must be used with T1502.
 - b. OTP will bill T1502 with a modifier to represent 1, 2, 3 or 4 weeks of take home medication. The OTP must maintain documentation in the patient record that supports the amount of take home doses administered.
 - c. If any weekly administration modifier has been billed, the OTP cannot bill for any other face-to-face visits of T1502 during that time period.
 - d. Date of service on the claim for T1502 must be the date the patient was seen in the office by the OTP in order to receive their medication.
3. OTPs must bill the appropriate J code (see chart below) for the buprenorphine based medication that was administered. OTPs may bill for take home doses using S5000 or S5001.
4. OTPs may bill 99211 for the nasal administration of naloxone (J2310). This coding combination is only used when the naloxone is administered nasally on site.
5. OTPs may bill 96372 for the injectable administration of naloxone (J2310). This coding combination is only used when the naloxone is administered by injection on site.
6. OTPs may bill for the cost of injectable/nasal naloxone (J2310) under their Ohio Board of Pharmacy license and in conformance with the Ohio Board of Pharmacy requirements.
7. OTPs may bill for the cost of injectable/nasal naloxone (J2310) when provided in accordance with Ohio Revised Code 4731.941.
8. OTPs may bill for the cost of oral naltrexone (J8499) under their Ohio Board of Pharmacy license.
9. OTPs may bill for the collection of blood using venipuncture (36415), per draw when the sample is sent to an outside laboratory for testing.
10. All of the OTP services must be performed by one of the following medical professionals within their scope of practice: physician, physician assistant, clinical nurse specialist, certified nurse practitioner, licensed practical nurse, or a registered nurse.

Table 1-3 Opioid Treatment Programs

Provider Type 95/953 – SAMHSA Certified Opioid Treatment Program

| Service | Description | Provider Type | Code | Modifier | Rate |
|--|---|--|-------|----------|---|
| Buprenorphine/ Naloxone Administration | Daily | MD/DO, CNS, CNP, PA, RN, LPN | T1502 | HF | \$16.38 |
| | Weekly (2 – 7 days) | | | TV | \$114.66 |
| | Two Weeks (8 – 14 days) | | | UB | \$229.32 |
| | Three Weeks (15 – 21 days) | | | TS | \$343.98 |
| | Four Weeks (22 – 28 days) | | | HG | \$458.64 |
| Other Medication Administration | E&M Established Patient (for OTP use with Nasal Narcan Administration) | MD/DO, CNS, CNP, PA, RN, LPN | 99211 | - | \$22.31 |
| | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | MD/DO, CNS, CNP, PA, RN, LPN | 96372 | - | \$21.39 |
| Medications | Buprenorphine, oral, 1 mg. | - | J0571 | - | See Medicaid fee schedule in effect for date of service |
| | Buprenorphine/naloxone, oral, less than or equal to 3 mg. | - | J0572 | - | See Medicaid fee schedule in effect for date of service |
| | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg. | - | J0573 | - | See Medicaid fee schedule in effect for date of service |
| | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg. | - | J0574 | - | See Medicaid fee schedule in effect for date of service |
| | Buprenorphine/naloxone, oral, greater than 10 mg. | - | J0575 | - | See Medicaid fee schedule in effect for date of service |
| | Buprenorphine/naloxone, <i>generic</i> , per 1mg buprenorphine/0.25mg naloxone ² | - | S5000 | - | See Medicaid fee schedule in effect for date of service |
| | Buprenorphine, <i>generic</i> , per 1 mg. | - | S5000 | HD | See Medicaid fee schedule in effect for date of service |
| | Buprenorphine/naloxone, <i>brand</i> , per 1mg | - | S5001 | - | See Medicaid fee schedule in effect for date of service |

| | | | | | |
|------------------------|---|------------------------------------|-------|----|---|
| | buprenorphine/0.25mg naloxone ² | | | | |
| | Oral Naltrexone, per 50 mg tablet | - | J8499 | HG | \$1.20 |
| | Injection/Nasal, naloxone (Narcan), 1mg | - | J2310 | - | See Medicaid fee schedule in effect for date of service |
| Laboratory Services | Collection of venous blood by venipuncture | Per CPT guidelines ¹ | 36415 | - | See Medicaid fee schedule in effect for date of service |
| Unit Value | CPT or HCPCS designation | | | | |

¹ Medicaid will not reimburse for the collection of venous blood when providers performs testing in their facilities. Nor will Medicaid pay when it is part of an E&M visit. Medicaid will only reimburse separately for the collection of venous blood when a provider draws the blood and sends it to a non-related outside facility without performing any testing.

² Per FDA regulations, the maximum recommended milligrams of a buprenorphine based medication and individual patient should be taking per day is twenty-four.

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